

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation California Nurses Association Political Action Committee (CNA PAC)	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2000 Franklin Street	
(c) City, State and ZIP Code Oakland, CA 94612	3. FEC Identification Number C C90013616
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☒ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM

10

01

2015

THROUGH:

12

31

2015

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

2,410.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Malinda Markowitz

Malinda Markowitz

1-22-16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of U.S.C. 5437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

2016-02-01 00:00:42.7

SCHEDULE 5-E

ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

California Nurses Association Political Action Committee (CNA PAC)

Full Name (Last, First, Middle Initial) of Payee
Yolo County Democratic Central Committee

Date of Public Distribution/Dissemination

10 03 2015

Mailing Address

P.O. Box 1112

Amount

City

State

Zip Code

West Sacramento, CA 95691

260.30

Purpose of Expenditure

Event Advertisement

Category/
Type 004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Calendar Year-To-Date Per Election
for Office Sought

2,410.00

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
San Diego County Democratic Party

Date of Public Distribution/Dissemination

10 24 2015

Mailing Address

3340 Clairemont Mesa Blvd., Suite 105

Amount

City

State

Zip Code

San Diego, CA 92111

1,000.00

Purpose of Expenditure

Event Advertisement

Category/
Type 004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Calendar Year-To-Date Per Election
for Office Sought

2,410.00

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Los Angeles County Democratic Party

Date of Public Distribution/Dissemination

11 02 2015

Mailing Address

3550 Wilshire Blvd., #1203

Amount

City

State

Zip Code

Los Angeles, CA 90010

750.00

Purpose of Expenditure

Event Advertisement

Category/
Type 004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Calendar Year-To-Date Per Election
for Office Sought

2,410.00

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

2,010.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2 OF 2
 FOR LINE 7 OF FORM 5

 NAME OF FILER (in Full)
 California Nurses Association Political Action Committee (CNA PAC)

 Full Name (Last, First, Middle Initial) of Payee
 Jobs with Justice San Francisco

Date of Public Distribution/Dissemination

11 / 19 / 2015

Mailing Address

205 Golden Gate Avenue

Amount

400.00

City

State

Zip Code

San Francisco CA 94102

Purpose of Expenditure

Event Advertisement

 Category/
Type

004

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

 Calendar Year-To-Date Per Election
for Office Sought

2,410.00

 Disbursement For: ☒ Primary ☐ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

 Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

 Calendar Year-To-Date Per Election
for Office Sought

 Disbursement For: ☐ Primary ☐ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

 Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

 Calendar Year-To-Date Per Election
for Office Sought

 Disbursement For: ☐ Primary ☐ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

400.00

(b) SUBTOTAL of Unitemized Independent Expenditures

 (c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

2,410.00

Via FAX

2016-02-01-000044240

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A PREPARER	N/A DATE PREPARED

(8/2013)

201602010004241